

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

DATE RECEIVED

APPLICATION FOR CHILD CARE ASSISTANCE

☐ INITIAL APPLICATION AND REQUEST ☐ REAPPLICATION Please read each question carefully, then answer the questions honestly and completely. The case manager will assist you with any of the questions you do not understand. To apply for benefits, you must complete this form.

☐ Yes ☐ No Have you ever received child care services from the Department of Economic Security (DES)? If yes, _____
WHEN WHERE (City, County) UNDER WHAT NAME (Last, First, M.I.)

LIST ALL HOUSEHOLD MEMBER'S NAMES (First, Last, M.I.)	RELATIONSHIP TO YOU	*RACE AI: American Indian or Alaskan Native; AS: Asian; BL: Black or African American; NH: Native Hawaiian or Other Pacific Islander; WH: White (Check all that apply)	SOC. SEC. NO.	DATE OF BIRTH	HISPANIC/LATINO? (Circle if yes)	NEEDS CHILD CARE? (Circle if yes)	NAME OF CHILD'S SCHOOL (Indicate if school is year round)	GRADE	SCHOOL HOURS
1. APPLICANT'S FULL LEGAL NAME	SELF	<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y				
2. SPOUSE/OTHER PARENT	SPOUSE <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y				
3.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			
4.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			
5.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			
6.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			
7.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			

*You may voluntarily indicate your race and ethnic background. Please indicate all that apply.

**☐ Yes ☐ No Are you an enrolled member of an American Indian tribe? If yes, which tribe?

MAILING ADDRESS (Apt./Space #, No., Street, City, State, ZIP)

PHONE NO.

()

RESIDENTIAL ADDRESS (If different from above)

MESSAGE PHONE NO.

()

OTHER NAMES USED BY YOU (e.g., maiden)

NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY

RELATIONSHIP

PHONE NO.

()

ARE YOU CURRENTLY A U.S. CITIZEN? ☐ YES ☐ NO IF NO, IF NO, WHAT IS YOUR IMMIGRATION STATUS? ☐ Single-never married ☐ Married

ARE YOU A LEGAL RESIDENT OF THE U.S.? ☐ YES ☐ NO ☐ Separated ☐ Divorced ☐ Widowed

WHY DO YOU AND YOUR SPOUSE OR OTHER PARENT IN THE HOME NEED CHILD CARE SERVICES? ☐ Employment ☐ School/Training ☐ Medical Reasons

☐ DES Jobs Program ☐ Other (Describe)

HOW LONG DOES IT TAKE YOU TO TRAVEL FROM YOUR CHILD CARE PROVIDER TO YOUR WORK OR SCHOOL? _____ Minutes

TRANSPORTATION USED? ☐ Own Vehicle ☐ Carpool ☐ Bus
☐ Bicycle ☐ Walk ☐ Other (Describe)

WHICH CHILD CARE PROVIDER HAVE YOU CHOSEN? (If known)

PROVIDER'S ADDRESS (No., Street, City, State, ZIP)

PHONE NO.

()

☐ Yes ☐ No Do any of your children have special needs? If yes, please indicate which child and a description of any special needs:

☐ Yes ☐ No Is any household member temporarily out of the home?

If yes, name of the absent household member: _____

Relationship of absent household member to you/your child: _____

Reason for absence: _____ Expected date of return: _____

☐ Yes ☐ No Do you or your spouse receive housing assistance in the form of cash or vouchers?

☐ Yes ☐ No Do you or your spouse pay child support for children who do not live with you? If yes, complete below.

WHO IS PAYING THE SUPPORT

FOR WHOM PAID (Name of child)

MONTHLY AMOUNT PAID

YES	NO	SOURCE	AMOUNT RECEIVED	HOW OFTEN RECEIVED	NAME OF PERSON RECEIVING INCOME
		Cash Assistance	\$		
		Social Security/SSI, SSA	\$		
		Child Support ATLAS #/Court Order #	\$		
		Any Other Income Source, such as: Gifts, GI Bill, Interest, VA, or any Income from Absent Parent(s), Friends or Relatives (<i>indicate type</i>):	\$		

EMPLOYER'S NAME	WORK PHONE NO. ()	DATE PRESENT JOB BEGAN
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EMPLOYER'S ADDRESS (No., Street, City, State, ZIP)	DATE OF FIRST PAYCHECK
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HOURS WORKED PER WEEK	HOURLY WAGE	AMOUNT OF PAYCHECK BEFORE DEDUCTIONS	HOW OFTEN RECEIVED (<i>✓ one</i>)
	\$	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

PREVIOUS EMPLOYER'S NAME	PREVIOUS EMPLOYER'S ADDRESS (No., Street, City, State, ZIP)
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WORK PHONE NO. ()	DATE TERMINATED	REASON FOR TERMINATION
-----------------------	-----------------	------------------------

ADDITIONAL INCOME (✓ all that apply)	TOTAL EARNED	HOW OFTEN RECEIVED (✓ one)
<input type="checkbox"/> Tips <input type="checkbox"/> Commissions <input type="checkbox"/> Overtime pay	\$	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

SCHOOL'S NAME	TYPE OF TRAINING OR MAJOR	TERM/SEMESTER BEGIN DATE	TERM/SEMESTER END DATE
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SCHOOL'S ADDRESS (No., Street, City, State, ZIP)	PHONE NO. ()
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EMPLOYMENT GOAL	ANTICIPATED DATE OF DEGREE/CERTIFICATE
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[illegible]

ACTIVITY INFORMATION OF SPOUSE OR OTHER PARENT OF CHILD(REN) WHO LIVES WITH YOU - (Does he/she have more than one job? ☐ Yes ☐ No)

EMPLOYER'S NAME	WORK PHONE NO.	DATE PRESENT JOB BEGAN
-----------------	----------------	------------------------

EMPLOYER'S ADDRESS (No., Street, City, State, ZIP)	DATE OF FIRST PAYCHECK
--	------------------------

HOURS WORKED PER WEEK	HOURLY WAGE	AMOUNT OF PAYCHECK BEFORE DEDUCTIONS	HOW OFTEN RECEIVED (<i>✓ one</i>)
	\$	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks
			<input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

PREVIOUS EMPLOYER'S NAME	PREVIOUS EMPLOYER'S ADDRESS (No., Street, City, State, ZIP)
--------------------------	---

WORK PHONE NO. ()	DATE TERMINATED	REASON FOR TERMINATION
-----------------------	-----------------	------------------------

ADDITIONAL INCOME (✓ <i>all that apply</i>)		TOTAL EARNED	HOW OFTEN RECEIVED (✓ <i>one</i>)	
<input type="checkbox"/> Tips	<input type="checkbox"/> Commissions	<input type="checkbox"/> Overtime pay	\$	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

SCHOOL'S NAME	TYPE OF TRAINING OR MAJOR	TERM/SEMESTER BEGIN DATE	TERM/SEMESTER END DATE
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SCHOOL'S ADDRESS (No., Street, City, State, ZIP)			PHONE NO. ()
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EMPLOYMENT GOAL	ANTICIPATED DATE OF DEGREE/CERTIFICATE
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[illegible]

RIGHTS AND RESPONSIBILITIES**YOUR RIGHTS**

1. Section 601 of the U.S. Civil Rights Act of 1964 states, "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."
2. You have the right to apply for child care services.
3. You have the right to a decision on the application within 30 days from the date your application is received.
4. You have the right to appeal for a hearing on the action or inaction on your case.
5. You have the right to any child care service provided in your area and available to persons in your same circumstances.
6. Information which you provide is confidential and shared with agency staff only as it relates to child care.
7. If you are determined ineligible or if your services are stopped and you disagree with the decision, you may appeal the decision in writing within 10 calendar days of the date the decision letter is mailed. IF CHILD CARE SERVICES ARE BEING STOPPED DUE TO NON-PAYMENT OF THE REQUIRED CO-PAYMENTS FROM YOU, AND YOU WISH TO APPEAL, YOU MUST FILE AN APPEAL WITHIN 10 CALENDAR DAYS OF THE STOP DATE IN ORDER FOR CHILD CARE SERVICES TO CONTINUE DURING THE APPEAL PERIOD.

YOUR RESPONSIBILITIES

1. You must sign this form below.
2. You must be a U.S. citizen or a legal resident of the U.S. in order to receive child care benefits.
3. Your child care services may be stopped if you fail to pay the designated co-payment to your child care provider.
4. You may only use child care for purposes authorized (*i.e., employment*).
5. You must read all information sent to you. Contact your child care specialist if you have any questions regarding information that you receive on your case status or child care arrangements.
6. YOU MUST NOTIFY YOUR CHILD CARE SPECIALIST WITHIN TWO (2) WORK DAYS WHEN OR IF:
 - a. you move.
 - b. you or any adult in your household experience a change in employment status, work hours, work days, increase or decrease in wages or any type of unearned income, or changes in days/hours of school/training attendance.
 - c. you begin receiving Cash Assistance or your Cash Assistance benefit status changes.
 - d. someone moves in or out of your home.
 - e. you stop using child care services or if you need to change child care providers. Payment cannot be made for child care services if the provider has not been authorized by your child care specialist.
7. You are responsible for any additional charges not covered by DES (*i.e., registration fees, late fees*).
8. You must cooperate with the Arizona Department of Economic Security (DES) in order to initiate and maintain eligibility. IT IS YOUR RESPONSIBILITY TO REPORT ALL CHANGES. Verification of the information may be requested. Failure to comply with departmental requirements may result in a loss of child care services and you may be subject to a Priority Waiting List upon reapplication.
9. When a Priority Waiting List is in effect you must comply with all department requirements and maintain eligibility in order to retain your placement on the Priority Waiting List.
10. You must be truthful in your statements to the DES or you may be charged with fraud. Arizona Revised Statutes (A.R.S.) 46-213 and 46-216 provide for a fine and/or imprisonment as punishment for conviction of fraud.
11. You are responsible to repay overpayments incurred as determined by the DES.
12. If you file for an appeal, and elect to have services continued pending the outcome, you will be responsible to repay DES for the cost of services during the appeal process if the hearing decision or Board of Appeals' decision is **NOT** in your favor.

I hereby apply for the services requested. Statements made on this form by me or on my behalf are true and correct to the best of my knowledge. I authorize the Arizona Department of Economic Security to verify any information through employers, current or prior, or other persons or institutions. I have been informed of my rights and responsibilities regarding eligibility for services. Any applicant who knowingly submits false information or knowingly conceals a material fact on the application may be charged with fraud pursuant to A.R.S. § 13-2311, a class 5 felony. Clients will be responsible for overpayments.

SIGNATURE OF APPLICANT

DATE

**PLEASE KEEP THE ORIGINAL FOR YOUR RECORDS****(SEE REVERSE)**

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: (602) 542-4248.

DES CHILD CARE SERVICES INFORMATION

REPORT CHANGES IMMEDIATELY

If you or any household member experience changes in employment or school status, income, Cash Assistance status, an increase or decrease in household size, or any other changes which may effect your eligibility for DES Child Care services, you must report the change within 2 work days to your local DES Child Care office. You may be required to submit one or more of the applicable types of verification listed below.

VERIFICATION REQUIREMENTS

- If you are working, or are in a work study program, provide:
 - copies of your paycheck stubs for the most recent month, or
 - a current statement signed by your employer verifying monthly gross wages, frequency of pay and days/hours of employment. Also include verification of tips, bonuses, commissions or allowances and the frequency of payment.
- If you are self-employed, provide a copy of your annual tax return, quarterly tax statement or weekly/monthly ledgers verifying gross income, receipts for business income and expenses for the last three months.
- If you are attending school or training, provide a current statement from the school or training program verifying start and end dates of the activity, and days/hours of attendance, and you may be required to verify that you are maintaining satisfactory progress or remain in good standing with the educational institution. **Note:** In order to receive child care benefits for school or training purposes, you must be employed an average of at least 20 hours per week per calendar month (*excluding teen parents in high school/GED and Jobs participants*).

VERIFICATION OF OTHER INCOME

- If receiving Unemployment Insurance, Social Security, Veterans' or any other type of benefits, provide a copy of the current award letter.
- **Child Support.** If you receive child support payments through a court, provide a current printout verifying the most recent payment. If the child support payment is not received through the court, provide the court order or ATLAS number.
- If you pay child support for any children who do not live with you, provide a court order or divorce decree specifying the amount paid each month.

CHILD CARE FOR MEDICAL REASONS

You must provide a current statement from your licensed physician, certified psychologist, or certified behavioral health specialist explaining how the medical condition prevents you or the other parent in the home from providing care to your child(ren); the duration and frequency that child care is needed must be specified.

CHILD CARE FOR SHELTER RESIDENT

You must provide a current statement from the shelter specifying the number of hours per day, days per week, and duration of your current activity.

PRIORITY WAITING LIST REQUIREMENTS

- If you are on the Priority Waiting List, you may remain on the list as long as your family continues to meet income and other eligibility requirements, including continuing to cooperate with the Department to redetermine eligibility as requested.
- When a Priority Waiting List is in effect, priority for services will be given to families with income at or below 100% of the Federal Poverty Level based on the date and month the application was received by the Department.
- Failure to comply with the case review process, or to provide requested verification may result in the removal of your name from the Priority Waiting List, and loss of eligibility for child care programs. Once removed from the Priority Waiting List, you will need to reapply for child care services. If you reapply **within 30 days** of the review date and are determined eligible you may retain your most recent placement date on the Priority Waiting List. If you reapply **more than 30 days** after the review date and you are determined eligible, your name will be added back to the Priority Waiting List effective the date you reapply.

REQUIREMENTS FOR CASH ASSISTANCE FAMILIES IN EDUCATION/TRAINING ACTIVITIES

If you are receiving Cash Assistance benefits, and are receiving child care services for education/training needs, you must comply with the Jobs program (*if contacted by Jobs*) as a requirement for Cash Assistance and child care eligibility. If you are contacted by the Jobs program, you are required to participate in all Jobs activities as assigned. Failure to comply with Jobs requirements may result in a sanction; your Cash Assistance benefits may be reduced, and you may lose child care eligibility.

WHEN YOUR DAILY COPAYMENT IS MORE THAN THE DES PAYMENT RATE

IMPORTANT: If the daily copayment assigned to you (*based on your family size and income*) is more than the daily rate DES pays (*based on the provider you have selected and the age of your child*), your provider will not receive payment from DES. If you are at fee levels L5 or L6 check with your provider to see how this will affect you.

ASSISTANCE IN LOCATING A CHILD CARE PROVIDER

The Child Care Resource and Referral service (CCR&R) can assist you in finding a child care provider that meets your needs. This free service is available to all families. Please call 1-800-308-9000 for information about locating a child care provider.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Employment and Rehabilitation Services
Child Care Administration

CHILD CARE ASSISTANCE
PRIORITY WAITING LIST: WHAT YOU NEED TO KNOW

The DES Child Care Administration offers Child Care Assistance programs that serve low-income families who are working, participating in education and training activities or are unable/unavailable to provide care. The ability of families to participate in these programs depends upon the amount of state and federal funds provided to DES. Currently, the number of families that have applied and are eligible for these programs exceeds the level of funds available. A statewide Priority Waiting List for services has been developed to notify eligible families when openings occur in these programs. Families currently receiving Child Care can continue to do so as long as they meet the eligibility criteria (*see: "What If I Am Already Receiving Child Care Assistance" on the reverse*).

WHEN CAN I RECEIVE CHILD CARE?

If you apply and are eligible for Child Care, your name may be placed on the statewide Priority Waiting List for services (*unless you are eligible for a program that is **NOT** subject to the Priority Waiting List as described below*). When openings become available, you will be contacted by DES Child Care. When you respond to our written notice and select a DES Child Care provider, you may be authorized for Child Care Assistance if you continue to meet eligibility criteria.

YOU ARE NOT subject to the Priority Waiting List if you:

- Are a TANF/Cash Assistance participant and need child care for employment or participation in the Jobs program;
- Are a former TANF/Cash Assistance participant who is eligible for Transitional Child Care Assistance for employment; or
- You are receiving Child Care Assistance as required by a CPS/Foster Care case plan.

HOW DOES THE PRIORITY WAITING LIST WORK?

When openings become available in the Child Care Assistance program, families on the Priority Waiting List will be selected based on their current household income and the date the application for services was received by the local DES Child Care office. The names of families on the Priority Waiting List will be released based on their current priority level (*based on current gross monthly income*) and the date of application.

- A client whose household income is at or below 100% of the Federal Poverty Level (FPL) will receive the highest priority for service (*Priority Group 1* at fee levels L1 and L2 as indicated in the *Child Care Assistance Gross Monthly Income Eligibility Chart and Fee Schedule*).
- A client whose household income is above 100% of the Federal Poverty Level will receive secondary priority for services (*Priority Group 2* at fee levels L3 through L6 as indicated in the *Child Care Assistance Gross Monthly Income Eligibility Chart and Fee Schedule*).

As openings become available the names of families on the Priority Waiting List will be released. Families in Priority Group 1 (those with incomes at or below 100% FPL) shall be offered Child Care Assistance before families in Priority Group 2 (those with incomes above 100% FPL). When all of the Priority Group 1 families have been released from the Priority Waiting List, Priority Group 2 families will be released in application date order. **Be sure to keep copies of your "Priority Waiting List Placement Notice" and any subsequent "Child Care Notices of Change" you may receive. These notices show your priority level and the effective date of your placement on the Priority Waiting List.**

HOW WILL I BE NOTIFIED?

You will be notified by mail when an opening is available in the Child Care Assistance program. You will be required to notify your DES Child Care Specialist within 10 calendar days from the date the notice was sent regarding your selection of provider and to provide verification of any changes that may have occurred since you applied. If you fail to respond by the 10th calendar day, your name will be removed from the Priority Waiting List and you will need to reapply.

You may choose from the following types of child care providers:

- Child care center
- DES-certified home provider
- DHS-certified group home provider
- Non-certified relative provider

After you have submitted the name of your provider and any necessary verification, Child Care Assistance may be authorized (*if you are still eligible*) effective the first of the following month. You will receive a written decision notice by mail.

WHAT ARE MY RESPONSIBILITIES?

You must report changes to your DES Child Care Specialist within two calendar days of the change while you are on the Priority Waiting List. Report whenever there is a change in:

- ADDRESS or PHONE NUMBER
- EMPLOYMENT STATUS
- INCOME (*EARNED & UNEARNED*)
- CASH ASSISTANCE BENEFITS STATUS
- EDUCATION/TRAINING STATUS (*increase or decrease in days/hours or when you begin or end school/training*)
- HOUSEHOLD COMPOSITION (*when someone moves in or out of your home*).

You must submit a redetermination application and required verification every twelve months or as requested by DES. You may remain on the Priority Waiting List as long as you continue to meet income and general eligibility guidelines and continue to cooperate with the Department to determine eligibility. If you fail to submit a redetermination application by the review date and are removed from the Priority Waiting List, you would need to reapply for Child Care Assistance.

FAILURE TO COMPLY WITH THE REDETERMINATION PROCESS OR TO REPORT CHANGES AND PROVIDE VERIFICATION AS REQUESTED BY DES MAY RESULT IN THE LOSS OF YOUR PLACEMENT ON THE PRIORITY WAITING LIST, OR THE LOSS OF CHILD CARE ASSISTANCE (IF YOU ARE CURRENTLY RECEIVING SERVICES).

WHAT IF I AM ALREADY RECEIVING CHILD CARE ASSISTANCE?

You may continue to be authorized for Child Care Assistance as long as you continue to meet income guidelines, comply with procedural requirements and continue to need services to enable you to work, attend school, participate in required shelter activities or because you are unable/unavailable to provide care to your children for a portion of the day.

If you fail to comply with the redetermination process, or fail to provide requested verification, Child Care Assistance may stop, and your case may be closed. If your case is closed you would need to reapply for Child Care Assistance and could be placed on the Priority Waiting List effective your application date. You may not be able to access Child Care Assistance immediately upon reapplication.

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: (602) 542-4248.